

LULA BELLE STEWART CENTER, INC.
Evaluation Summary of Agency Contracts with
State of Michigan

Report Period
January 2006 to December 2006

MISSION

The Mission of the Lula Belle Stewart Center is to provide services that promote the well-being of children and youth and to enable pregnant and parenting adolescents and young adults to become self sufficient individuals and responsible parents, and to provide permanent and secure homes for children and youth who are in out-of-home placements.

VISION

To be recognized as the premier agency providing comprehensive, innovative services that support the well being of children, adolescents and their families in a changing society.

CORE VALUES

- A. Lula Belle Stewart Center, Inc. will provide professional human services to individuals, families, and the community with an uncompromising commitment to excellence;
- B. Lula Belle Stewart Center will provide innovative programs and services in response to demonstrated community needs;
- C. Lula Belle Stewart Center, Inc. will seek opportunities to partner with agencies with similar values to promote its mission and goals and to better serve the community;
- D. Lula Belle Stewart Center will provide its' staff with the resources necessary to effectively serve the community;
- E. Lula Belle Stewart Center, Inc. will seek to make an impact on the lives of those it serves through (involvement in public education) educational and advocacy activities;
- F. Lula Belle Stewart Center, Inc. will hold itself to the highest level of financial stewardship and will commit to securing the funding necessary to fully implement its mission and vision.

LULA BELLE STEWART CENTER, INC.

Table of Contents

	Page
OVERVIEW - COMPREHENSIVE TEEN PARENT SERVICES	6
Teen Parent Case Management and Outreach Counseling	8
Program Highlights	8
Program 2006 Goals and Objectives	8
Outcomes and Goal Attainment	8
Goals for 2007	8
Teen Parent Community Involvement Project	10
Program Highlights	10
Program 2006 Goals and Objectives	10
Outcomes and Goal Attainment	10
Goals for 2007	11
Fatherhood Services for Teen and Young Adult Fathers	12
Program Highlights	12
Program 2006 Goals and Objectives	12
Other Program Notes	13
Healthy Beginnings for Adolescent Parents and Their Children (Home-based Counseling)	14
Program Highlights	14
Program 2006 Goals and Objectives	14
Outcomes and Goal Attainment	14
Goals for 2007	15
MAI House II (Mother & Infant House)	16
Program Highlights	16
Program 2006 Goals and Objectives	16
Outcomes and Goal Attainment	16
Goals for 2007	17
Parenting Education Groups	18
Program Highlights	18
Program 2006 Goals and Objectives	18
Outcomes and Goal Attainment	18
Goals for 2007	18
Prevention and Health Education Services	19
Program Highlights	19
Program 2006 Goals and Objectives	19
Outcomes and Goal Attainment	19
Goals for 2007	20
OVERVIEW - FAMILY AND COMMUNITY BASED SERVICES	21
Families First of Michigan / Intensive Family Preservation	22
Program Highlights	22
Program 2006 Goals and Objectives	22
Outcomes and Goal Attainment	22
Goals for 2007	24

Girls In Transition	25
Program Highlights	25
Program 2006 Goals and Objectives	25
Outcomes and Goal Attainment	25
Goals for 2007	26
Delinquency Prevention/Youth Development Services	27
Program Highlights	27
Program 2006 Goals and Objectives	27
Outcomes and Goal Attainment	27
Goals for 2007	27
Early Childhood Development Services (Day Care Center)	28
Program Highlights	28
Program 2006 Goals and Objectives	28
Outcomes and Goal Attainment	28
Goals for 2007	29
ATTACHMENTS	
Annual Statistical Reporting Form 2006	A
Outcome Data for Closed Cases	B
Parenting Skills Class Survey 2006	C
Proud Father Proud Parent Survey 2006	D

HISTORY:

Detroit United Community Services sponsored a 5-year study to assess the needs of Detroit. This study resulted in Lula Belle Stewart Center, Inc. (LBSC) being opened as the replacement for the Florence Crittenton Center (FCC) in 1972. Like FCC, LBSC serviced the middle class teen mothers. Unlike FCC, LBSC offered:

- Community (versus Traditional) based services in which they did not have to commit their children for adoption.
- Provide Parent Education where child development was key.
- Fathers were provided and included in services.
- Family permanence was the objective.

LBSC was named in honor of Lula Belle Stewart, the first female African-American Pediatric Cardiologist, and lead by Emily Palmer (Executive Director) In its first 25 years, LBSC earned national acclaim as a model for Teen Pregnancy and experienced substantial growth in services and financial viability. It opened branch offices and expanded into Foster Care, Adoption, Building Rehabilitation in Detroit, and continued education, prevention, and public policy programs. In recent years, LBSC experienced a decline in financial stability and quality.

CURRENT STATE:

LBSC remains a viable agency delivering comprehensive services to more than 500 parenting teens across Wayne County to improve early childhood development and promote family permanency. LBSC's services are still fresh and unique. (1 of 2 agencies delivering Proud Father/Proud Parent Program in Wayne County.)

EXISTING FUNDING SOURCES: United Way of SEM; Michigan State Contracts; City of Detroit; Foundation Income.

SUSTAINED PARTNERSHIPS/ACCREDITATIONS: Spectrum Human Services, FCC, MI Coalition of Teen Parents; CWLA, COA, former member of Federation of Private Agencies.

ISSUES:

- Caseloads exceed staffing limits.
- Loss of a child in a LBSC Foster Home resulting in Suspension of Foster Care License and contract.
- Newly appointed management and Board of Directors

VISION:

- Reclaim national reputation as the model agency for Parenting Teens. (Mothers & Father).
- Increase Quality child development resources for the community.
- Improve family permanency for teen parents and their families.
- Become a \$75M Agency by 2012.

REQUESTS:

- Advocacy (i.e. Positive Exposures with Media; Government and Local Community).
- Financial recovery (\$500,000 Past due claim from 2006 for Foster Care Provided).
- Use the plight of LBSC, a good agency doing good work, to drive reform in the system.

Overview - Comprehensive Teen Parent Services

Lula Belle Stewart Center, a multifaceted human service agency, has as its primary mission, the provision of comprehensive services to pregnant and parenting teens, their infant and young children, their families and the fathers or male partners. The Center continues to employ a range of intervention modalities to meet the myriad of issues associated with teenage parentage. Programs currently being offered as part of the LBSC Comprehensive Teen Parent Service model include: Teen Parent Outreach & Supportive Case Management, Healthy Beginnings for Adolescent Parents their Infant Children, Teen Parent Community Involvement Project, Fatherhood Services and Parenting Education for Adolescent Parents.

In 2006 our **Teen Parent Outreach Unit** provided service to 282 teen parent families, including the teen mom, fathers and the young children being parented by teen parents. Services provided include supportive outreach counseling and case management services, which include referrals to resources for baby care items, clothing, housing, transportation to medical appointments for children, opportunity to participate in workshops and resource fairs to learn about issues important to teen parents.

Teen Parent Community Involvement Program provides aggressive outreach, recruitment and case finding targeting those teen parents who are outside of the mainstream of traditional services and who exhibit a tendency toward low help-seeking behaviors on behalf of themselves and/or their children. A Project Coordinator, a Teen Parent Advocate with involvement by trained Peer Counselors, provides services. A universal home visit is conducted to provide a preliminary assessment that is used to help with referrals and resource linkages to appropriate Teen Parent programs and to our partner agencies. Aggressive Outreach and the provision of concrete services are useful in engaging this under-served teen parent population.

Peer Leadership training is provided for prospective peer counselors. Those girls who qualify go on to be trained and function as peer counselors providing outreach to pregnant and parenting teens, which leads to referral for services. The project is operated from the LBSC main office and from the Dexter Elmhurst Family and Community Center.

Parenting Education for Adolescent Parents is designed for teen and young adult parents, male and female, ages 21 and under. The LBSC parenting education program takes into consideration both early childhood development and adolescent development as critical factors in the parenting equation. Adolescent parents learn how to care for and nurture their infants and young children, while also learning to balance the responsibilities of meeting their own needs.

Fatherhood Services is a counseling program that targets young fathers. The program helps young fathers understand the responsibilities of parenting, helps non-custodial fathers work through barriers to their being involved with their child, helps fathers with issues of paternity and addresses barriers to gainful employment for young fathers. Counseling, provided by a male outreach counselor and group services have proven very effective in engaging young fathers and helping young fathers achieve their goal of becoming positive and responsible parents. This is accomplished through the use of the Proud Fathers/Proud Parents curriculum of the State of Michigan.

The **"Proud Fathers Program"** is a 14-week, group program designed to help fathers increase their ability to provide, guidance, love and support to enhance the development and growth of

children. The participant's help each other solve problems, address barrier, and provide concrete support. The Program encourages camaraderie, and creates an environment for men to come in and talk openly about rewards and challenges of male parenting. This program is one of two existing programs that serve Wayne County and LBSC works in collaboration with Spectrum Human Services in this state funded project.

This program provided services to **194** separate clients in 2006.

The **"Proud Parents Program"** focuses on strengthening the couple relationship (married, unmarried or co-parenting) through a shared exploration of parenting and attitudes and skills. The 10-week program gives couples the opportunity to create positive dialogues and build their relationship through activities all designed to help them learn about themselves. The experience creates a shared vision for family life and encourages the development of attitudes and skills necessary for successful family formation. This program provided services to **147** clients in 2006. Proud Parents was also able to provide childcare for **27** children in that same year.

Prevention and Health Education Services promotes the well being of children and youth by serving "at risk youth". The LBSC thrust is to intervene early to build resiliency and effect behavioral change. Health education targets teen sexuality, women's health issues and maternal and child health.

Teen Parent Case Management and Outreach Counseling

Program Highlights

The Teen Parent Outreach Unit is a comprehensive case management model that provides outreach and supportive counseling services for pregnant and parenting teens and minor parents up through age twenty and their young children. The program is committed to helping pregnant and parenting teens, their children, and families adjust to the demands associated with adolescent parenting, while preparing them for future challenges. A primary goal is to strengthen families and assist families to achieve self-sufficiency. First priority is given to minor parents referred by Department of Human Services.

Outcomes:

The Lula Belle Stewart Center's Teen Parent Outreach Program measures client and program level outcomes on an on-going basis according to the goals of the program. These goals, performance measures and measurement tools are part of a statewide evaluation conducted by the Performance Excellence Administration since 1994. The most recent statewide evaluation of the Teen Parent Programs was released on January 22, 2007.

The outcomes listed below are taken from the Lula Belle Stewart Center Annual Evaluation of Services. At least once a year, client level outcomes are aggregated to determine program level effectiveness. This aggregate, program – level data, along with interpretations and analysis of client/stakeholders satisfaction, program efficiency, regulatory compliance, and client safety are compiled into the Lula Belle Stewart Center Annual Evaluation of Agency Services.

Teen Parent Program Goal(s) Attainment for 2006

1. Increased funding to complete the 30% required funding not covered by the Department of Human Services Contract.
Goal achieved with funding from United Way of Southeastern Michigan.
2. Find monetary resources to fully implement the crisis response telephone line.

24 Hour Beeper Coverage is provided. Cingular has presented cell phone cost analysis. Contract is pending approval from Business Office.
3. Increase the use of Volunteers to provide transportation for teen parents to medical appointments, etc. and to help Lula Belle Stewart Center functions for teen parents by adding support and resources to the program.

This goal has been partially achieved with volunteer(s) who assist in the Intake Unit; participate at events planned for the Teen Parent families. There has been an increase in parents/relatives transporting teen parents and children to parent education class, doctor's visit(s) and for agency activities. The Social Work Assistant is assigned part time to help transport teen moms and children for prenatal, postnatal care, well baby's visits, job search, and education assistance.

4. Strengthen referral relationship with Department of Human Services.

Goal achieved. DHS programs including Protective Service, Foster Care, and Families First provide approximately 15 percent of referrals.
Over 2006.

Goals for 2007:

1. Provide Case Managers with trainings for program - specific knowledge and for professional development on a quarterly basis.
2. Maintain a recognized and credible presence in the community for the purpose of advocating for the interests of clients and families.
3. To increase the number of clients completing the State of Michigan Client Satisfaction Survey by 15% over 2006.
4. Ensure the quality, efficiency, and commitment of the Program Staff to client/families for client service assigned to the Teen Parent Outreach and this organization based on individual Job Performance and Evaluation(s)

Teen Parent Community Involvement Project

Program Highlights

This program provides aggressive outreach and assessment to teens ages 19 and under who normally would not seek help, and are eligible in Detroit and surrounding geographic communities. Information and referral to LBSC, and other community-based agencies are provided to meet ongoing needs. The project provides quarterly events that aim to inform teen parents as well as recruiting and identifying "at risk" teens pregnant and parenting that would benefit from the services. Weekly literature about our programs is distributed to community organizations. LBSC partners with Dexter Elmhurst Family Center and 3 community agencies to serve teen parents through the provision of teen parent workshops to identify and recruit teens pregnant and parenting that would benefit from services.

Program 2006 Goals and Objectives

1. Eighty-six (86) pregnant or parenting teens will be recruited to receive service. Universal home visits will be provided to assess, refer and link the teen with appropriate services provided by a partner agency or other appropriate service.
2. Plan and coordinate two community events designed to recruit under-served teen parents, to achieve health promotion goals and to increase public awareness regarding the special needs of adolescent parents and their children.
3. Involve peer counselors in four community presentations regarding teen parent issues.
4. Encourage each teen parent referred to the program to use community resources and establish community support to reinforce their self-sufficiency.
5. Train Peer Counselors to recruit 15 teens and provide prevention and health education to at least two community groups.

Outcomes and Goal Attainment

1. The Project has successfully recruited over 50 clients during this project year. The project staff, which includes the Coordinator, Project Advocate and Peer Counselors, recruits teens throughout the city of Detroit. Project staff and Peer Counselors have increased the number of referrals from the Tri-county area. Three community events were implemented by LBSC and their partner agencies. Those clients who received intake and assessment services were referred to other services as needed.
2. Three community events at the Elmhurst Center. The community events were held to raise community awareness, engage other teens for services and peer leadership training. All events were planned with staff from partner agencies and support from other community groups.
3. Coordinator was successful in organizing peer counselors to present at the Second Grace Methodist Church, LBSC's awards luncheon at the Gem Theater, and assisted NOF (neighborhood opportunity fund) staff with the Dexter Elmhurst Community Center annual summer community event "Back to School" that took place in the parking lot.
4. Teen parents were followed up by Advocate to determine use of resources recommended. Teen parents utilized at least 2 referrals to community resources.

Goals for 2007

1. Increase intake assessment to 60 teen parents who are hard to reach in the community.
2. Provide 26 hours of client follow-up to link teen parent to resources.
3. Re-establish peer counselor program to recruit other teen parents who are hard to reach through community presentations.
4. Provide (48) 30-minute counseling sessions to teen parents to reinforce seeking and using other LBSC programs, partner agency programs and community resources.

FATHERHOOD SERVICES MALE OUTREACH SERVICES FOR TEEN AND YOUNG ADULT FATHERS

Proud Fathers & Proud Parents Program

Program Highlights

1. The **"Proud Fathers Program"** is a 14-week, group program designed to help fathers increase their ability to provide, guidance, love and support to enhance the development and growth of children. The participant's help each other solve problems, address barrier, and provide concrete support. The Program encourages camaraderie, and creates an environment for men to come in and talk openly about rewards and challenges of male parenting. This program is one of two existing programs that serve Wayne County and LBSC works in collaboration with Spectrum Human Services in this state funded project. This program provided services to **194** separate clients in 2006.
2. The **"Proud Parents Program"** focuses on strengthening the couple relationship (married, unmarried or co-parenting) through a shared exploration of parenting and attitudes and skills. The 10-week program gives couples the opportunity to create positive dialogues and build their relationship through activities all designed to help them learn about themselves. The experience creates a shared vision for family life and encourages the development of attitudes and skills necessary for successful family formation. This program provided services to **147** clients in 2006. Proud Parents was also able to provide childcare for **27** children in that same year.

Program Goals and Objectives

Lula Belle Stewart Center, Inc. Fatherhood Services utilizing Proud Fathers Proud Parents programming.

1. Increase the number of new fathers who attend Fatherhood Services support groups through increased recruitment efforts.
2. Increase the number of referrals from 23 to 30 compared to same time last year.
3. Increase the number of fathers providing financial support to a child.
4. Increase the numbers of fathers seeking and obtaining employment.

Proud Fathers Proud Parents programming contributed to the number of new fathers who attend LBSC Fatherhood Services support groups by engaging Department of Human Services social workers, 3rd Judicial Court officials, and other organizations such as Dads From Day One, Dadzconnection, Families On the Move, Inc. in an effort to continuously recruit participants. Referral information for Forty-eight men was provided to LBSC with the intention on participating in Proud Fathers Proud Parents. One week is dedicated during each 14 week Proud Fathers programming cycle to conducting an employment workshop. Presenters from Michigan Works agencies have conducted these workshops. Other employability issues that are explored including resume writing assistance, interview skills and job readiness/employment search assistance.

Other Program Notes:

Proud Fathers Proud Parents served the following participation units

Proud Fathers: 194

Proud Parents: 147

Child Care Units: 27

Transportation units: 270

There were 40 Proud Father Participants and 12 couples (24 individual participants) and their families that received PFPP service during 2006. 32 participants graduated from PFPP at Lula Belle Stewart Center, Inc. during 2006. Proud Fathers graduation total was 16 and there were a total of eight couples that completed Proud Parents programming at Lula Belle Stewart Center, Inc. (50%).

Proud Fathers Proud Parents provides complimentary services to both male caretakers and couples with a goal of improving outcomes for children. The Michigan Department of Human Services funds proud Fathers Proud Parents.

Four facilitators were trained during 2006.

Four cycles of programming were completed. Two Proud Father cycles of 14 weeks each and two Proud Parent cycles of ten weeks.

One Child Care Aide was utilized.

PFPP participants' ages ranged from 14 years of age to 55 years old.

One Caucasian participated in Proud Parents.

African-Americans comprised the majority of the population served by PFPP at Lula Belle Stewart Center, Inc.

Healthy Beginnings for Adolescent Parents and Their Children (Home-based Counseling)

Program Highlights

Healthy Beginnings provide home-based counseling targeting teen and young adult parents and their infants and young children, ages zero to three. The program provides early intervention services designed to prevent child abuse and neglect, identify developmental delays and impairments in the primary familial relationship. Services are provided in the home or other natural environment and are designed to help prevent harm to young children, to maintain adolescent parents in their own homes, to promote positive parenting-child bonding, to strengthen the family's ability to support the teen and young adult parent and to preserve and unify families.

In conjunction our Healthy Beginnings Program, LBCS has also operated the Medicaid sponsored Maternal and Infant Support Services Program.

Maternal and Infant Support Services are designed to improve pregnancy outcomes among and to reduce the incidence of infant mortality and morbidity, to educate pregnant women about the nutrition, provided supportive counseling, psychosocial counseling and education. Services are designed to assist with transportation, smoking cessation and other risk factors related to delivery of a healthy baby. Referrals are accepted from Health Maintenance Organizations where the agency has a contractual relationship. A staff team consisting of a Social Worker provides services; Nurse, Nutritionist and Infant Mental Health Specialist provide these services.

Goals for 2006

1. Increase each teen mom's knowledge of her child's development.
2. Improve the familial relationship of teen parents with their parents and increase family communication for 80% of those serves in the program.
3. Increase the use of the parent aide in the service delivery process by 75% over the last program year.
4. Increase the use of community collaboration around service delivery to assist with each client's needs for concrete resources by 25% over 2004.
5. Utilize an Infant Mental Health consultant to facilitate assessment and case planning in situation where there is indication of impairment in the parent-child relationship.

Outcomes and Goal Attainment

1. All participants with a child from age two months received Ages a Stages Assessments that assisted teen parents in understanding various aspects of child development which allowed them the ability to assist that child in areas of growth and development.
2. There were twenty (20) teen parents who resided at home with their parents; of those, sixteen t (16) teen parents reported that their relationship and communication with their parent or guardian did improve as a result of services received through the Health Beginning program.

3. The Parent Aide became an integral part of the team and provided parent education to all clients.
4. Increase in support that parents received for housing, clothing, food, medical and childcare.
5. Healthy Beginning serviced a total of thirty-eight (38) clients during the 2005 year. Of those thirty-eight clients served, fourteen (14) clients received services for a period of six to twelve months; twenty-two received services for a period of one week to three months and two clients received services for a period of four to six months.

Goals for 2007

1. Increase teen mother and father's participation in their child's development to 80% using Ages and Stages Measurement Tool.
2. Increase improved family support systems to 80% for the teen parent.
3. Teen parents are to recognize and avoid at-risk situations that may harm their young children.
4. Increase the use of community collaboration around service delivery to assist with each client's needs for concrete resources by 20% over 2005.

MAI HOUSE II (Mother & Infant House)

Program Highlights

MAI House II is one of 3 supportive housing programs that comprise the Wayne County Supportive Housing Collaborative for homeless Pregnant and Parenting teens, ages 16-18. MAI House II, an 18-unit apartment dwelling, has the capacity to serve up to 16 pregnant or parenting teen moms with their infant and young children. The overall goal is to transition the teen moms into economic self-sufficiency so that they can provide for their families. Towards this end, residents of the MAI House program receive individual, family and group counseling, parenting classes, social enrichment activities, life skills training, assistance with child care, educational support, vocational referrals and housing assistance.

Program 2006 Goals and Objectives

1. Increase occupancy level to capacity of 16.
2. Maintain an average occupancy rate of 12 teen parents.
3. Decrease behavioral concerns through continued use of a mental health professional.
4. Increase the number of positive discharges to 60% of total number of residence for permanent housing.
5. Maintain goal of 100% school enrollment, vocational training, or employment within 30 days after being admitted into the program.
6. Increase training for social worker and direct care staff.

Outcome and Goal Attainment

1. A capacity of sixteen (16) residents has been realized.
2. Average rate of teen parents has been 11. This is due to the fact that apartments were in the process of being renovated. The work has now been completed.
3. Mental health services have been provided for all residents referred by the social worker for that service.
4. This goal has been attained. 60% of residents that successfully completed the program obtained permanent housing.
5. The goal of maintaining 100% school enrollment, vocational training, or employment within 30 days after being admitted into the program has been attained.

Additional Program Highlights

During 2006 services were provided to 34 teen mothers and 35 children. The year ended with sixteen (16) teen moms and 17 children in residency.

Of the 21 who left the program in 2006, seven (7) were planed discharges with all 7 receiving permanent housing; two (2) had improved relationship with their families and were able to reunite; three (3) voluntarily left to move in with friends or relatives.

Of the nine (9) that were discharged for non-compliance five (5) moved back home with parents; two (2) were transferred to another SH P (Supportive Housing Program); two (2) moved in with friends and other relatives.

The MAI House II program has been in operation for nine (9) years. In 2006 several facility improvement projects were undertaken. In addition to the case manager, a mental health professional began providing clinical services to girls who experienced depression and other symptoms. Also additional Youth Specialist has been added to the program to enhance service delivery.

Goals for 2007

1. Continue to increase occupancy level.
2. Maintain an average occupancy rate of 13 teen parents.
3. Continue to decrease behavioral concerns through continued use of a mental health professional.
4. Increase the number of positive discharges to 70% of total number of residents for permanent housing.
5. Maintain goal of 100% school enrollment, vocational training, or employment within 30 days after being admitted into the program.
6. Continue to increase training for social worker and direct care staff.

Parenting Education Groups

Program Highlights

Teen Parenting Education Groups are available to teen and young adult parents of children ranging from 0-3 years. The groups meet weekly for 10 weeks in late afternoon or early evening to accommodate group member schedules for optimum attendance. The content is geared to all literacy levels. The groups content is constructed to help teen and young adult understand their role as parents, increase understanding of developmental and emotional needs of young children so that their capacity to nurture and rear young children is strengthened. The Parenting Class is a dynamic process that provides opportunities for "hands on" learning experiences that teach and model positive parenting.

Program 2006 Goals and Objectives

1. Provide parenting education for a minimum of 80 teen parents.
2. 75% of the teen parents enrolled in the Parenting Education Class will complete the class.
3. Agency staff is to provide community workshops on a quarterly basis regarding adolescent parenting, targeting parents of the adolescent parent, other caregivers, practitioners and other community persons.
4. Complete the rewriting of the LBSC Teen Parent Curriculum by June 2005.
Identify resources to provide artwork and assistance in packaging, publishing and marketing the LBSC Teen Parent Curriculum.

Outcomes and Goal Attainment

1. Forty Eight (48) clients were enrolled in teen parent education groups. Two social work assistants to increase client access to the service provided transportation to class.
2. Fifty-two percent (52%) teen parents completed 10 sessions and received their certificates.
3. Teen parents were invited to several community resource fairs which educated them about health care of infants and young children as well as how to maintain their own health.
4. Participants expressed strong satisfaction with the instructor's knowledge, handouts and materials, and topics presented in class.

Addition Program Highlights

During 2005 there was turnover in the parenting educator position, which caused to program to reach fewer teen parents. The current parent educator has instructed two classes; one in 2005 and the other in 2006.

Goals for 2007

1. Training for the new Parent Educator.
2. Continue the activity to refine the parenting education curriculum.
3. Expand parent education to include parents of youth and adolescents.
3. Add a Child Care Aide.
4. Seek adequate funding to support the Parent Education Program
5. Provide transportation for parents.

Prevention and Health Education Services

Program Highlights

1. "An ounce of prevention is worth a pound of cure."
2. The risks and challenges faced by today's children and youth are staggering. In developing programs that aim to promote the well being of children and youth, Lula Belle Stewart Center provides services that aim to prevent problems before they start. In serving "at risk" youth populations, our thrust is to intervene early to build resiliency, to promote attitudes that result in healthy lifestyles and to effect behavioral change. Health Education targets maternal and child health, teen sexuality, and women's health issues.

Program 2006 Goals and Objectives

1. Expand lead poisoning prevention efforts to include education seminar on effects of lead and way to prevent lead poisoning.
2. Ensure that all facilities that house program participants are in compliance with standards for lead screening.
3. Use the LBSC Adolescent Health Task Force as a planning vehicle to explore the feasibility of a teen health clinic and as an aid in developing health education opportunities.
4. Partner with local health organizations to provide health education workshops in the area of adolescent health and maternal and child health on a monthly basis.
5. In conjunction with the Detroit Health Department, the Wayne County Health Dept. and other partner organizations, conduct two health fairs annually targeting pregnant and parenting teens, infants and young children.
6. Include fact sheets and teen health information in informational packet that are distributed to teen parents during home visits by Social Workers, Teen Parent Advocates and Social Work Assistants.

Outcomes and Goal Attainment

IN 2006 LBSC was involved in the following prevention and health promotion activities:

Teen Parent Outreach Workshop:

Teen Parent Program presented a half -day workshop, which included health issues for the participants.

Spring into Health Workshop:

Teen Parent Community Involvement Project staff organized this workshop at the Dexter Elmhurst Family and Community Center. Very good attendance made this collaborative workshop a success.

LBSC Planned Parenthood meeting whose focus was health disparities. Agencies assessed the feasibility of a teen health clinic over several meetings. The group decided that a health clinic was not feasible. The agency also joined the Infant Vitality Action Network to partner with the Detroit Health Dept, HMOs, Community Mental Health and health clinics for the purpose of reducing infant mortality.

Goals for 2007

1. Continue to include fact sheets and teen health information in informational packets that are distributed to teen parents during home visits by social workers, teen parent advocates and social work assistants.
2. Expand with the Infant Vitality Action Network as it moves into a collaborative relationship for all the agencies involved. There is opportunity to be involved in health fairs with a large group of health providers and to resolve some policy issues that affect the health of teen parents.
3. Plan and present two health fairs in 2007.

Overview - Family and Community Based Services

The LBSC Family and Community based services are designed to provide services to youth from preschool thru adolescence to young adulthood. The three community-based services are: Families First of Michigan, Girls in Transition, and Delinquency Prevention/Youth Development Services. While the three programs differ in their scope of referral needs, funding services, they are related by their mutual goal of serving the needs of children who are at risk of removal from their family, incarceration or institutionalization.

Families First of Michigan provides an intensive short-term, crisis intervention and family education services in the home for 4 to 6 weeks using the FFM model. Families First Services are designed to keep children safe in their own home and to prevent subsequent abuse, neglect or delinquency. The Families First contract was reauthorized in 10/01/06 for three years. The contract is also expanded from half a team (two and half workers and half a supervisor) serving 35 families to two full teams of eight workers, two supervisors, two full time secretaries and a half-time program manager, serving a total of 152 families.

Girls In Transition is a gender-specific, behavioral health program targeting adolescent girls. This program helps adolescent girls who are exhibiting signs of emotional distress and difficulties in their behavioral and social adjustment. Girls In Transition program receives its referrals from LBSC - MAI House II and from community agencies. The program is temporarily on hold due to staffing issues.

Delinquency Prevention/Youth Development Services is a gender-specific boys group designed to promote violence reduction and increase conflict resolution and to assist young males adolescent ages 10-17 to learn appropriate behaviors to avoid the juvenile justice system and enhance their social emotional development. The groups took place in the Detroit Public Schools. This program is funded through a grant from the County of Wayne.

The three programs can have a greater impact in our delivery of services if they institute formal sharing of resources, such as joint training of staff, and team meetings to discuss successful interventions. To accomplish this level of cooperation and coordination, it will be necessary to establish a position to provide oversight for the Family and Community-Based Services similar to the oversight position provided for the Comprehensive Services to Pregnant and Parenting Teens. This would greatly improve the general program efficiency and delivery of services to our client families.

Families First of Michigan Intensive Family Preservation Services

Program Highlights

Families first are an intensive, short-term in-home crisis intervention and family education program. It is designed to serve the most severe multi-problem families. These families display an imminent need for out of home placement of at least one child because of abuse, neglect or delinquency. Families First also serve those families needing reunification of children already in placement. The Department of Human Services (DHS) makes referrals for service, which is time limited; four (4) to six (6) weeks in duration.

Program Fiscal Year 2006 – 2007 Goals and Objectives

1. Ninety-five percent (95%) of families served will not require an out-of-home placement during program participation.
2. Ninety percent (90%) of the families served will be shown to have avoided placement after three (3) months of termination with the Families First of Michigan program.
3. Eighty-five percent (85%) of the families served will be shown to have avoided placement after six (6) months of termination with the Families First of Michigan program.
4. Seventy-five percent (75%) of the families served will be shown to have avoided placement after twelve (12) months of termination with the Families First of Michigan program.

Outcomes and Goal Attainment

During fiscal year 2005-2006 the number of families to be served was 152. The number of Families First cases served at Lula Belle Stewart Center, Inc. was 103.

During the fiscal year 2005-2006, client family satisfaction and referring worker satisfaction surveys were sent at the end of each case completed. Following are the results of the surveys:

- In FY 05-06, of the 103 Families First cases served, 99 of the families (96%) were provided with an average of 10 hours per week of face-to-face contacts.
- Of the 103 Families First cases served, 100 cases of the families (97%) were seen during non-traditional hours (any visits to families after 5 p.m. or on weekends and/or holidays were considered non-traditional hours).
- One hundred (100) referring worker surveys were sent out, and 34 (34%) were completed and returned.
- Of the 40 family satisfaction surveys received, 35 families (88%) indicated they had additional support or a community resource in place at case closure.

Program staff works with families to reduce the risk that would cause their child to be placed in out-of-home placement and defuse the potential for violence. During Fiscal Year 05-06, the following outcomes were achieved:

- Ninety-nine percent (99%) of families served (102 of 103) did not require a child to be placed in an out-of-home placement during program participation.
- Ninety-two percent (92%) of families served (95 of 103) were shown to have avoided placement after three (3) months of termination with the Families First of Michigan Program.
- Eighty-eight percent (88%) of families served (91 of 103) were shown to have avoided placement after six (6) months of termination with the Families First of Michigan Program.
- The twelve (12) month follow up data is currently in the process of being collected and therefore information is unavailable at this time.

Additional Program Highlights

The Family Preservation Unit at DHS in Lansing requires each Families First Program to conduct and complete a self-evaluation results survey for cases completed at the end of each fiscal year. The following data are from the consumer satisfaction survey results for Fiscal Year 05-06.

Family Satisfaction Survey Results

Ninety-one (91) surveys were sent out to families
Families returned Forty (40) surveys

One hundred percent (100%) of families who returned surveys were satisfied with the services they received. The three (3) most frequently identified interventions that the family found to be helpful were:

- ❖ "They (workers) listened to me"
- ❖ "They (workers) helped obtain services that our family needed"
- ❖ "They (workers) taught us new things"

Families First DHS Referring Worker Survey Results

One-hundred (100) referring worker surveys were sent out to referring staff.

Thirty-four (34) referring worker surveys were completed and returned.
Ninety-four percent (94%) of referring workers responded that they were satisfied with services provided by the Families First worker (32 of 34).

Ninety-one percent (91%) of referring worker surveys indicated that their expectations for services were met in achieving the changes required avoiding placement (31 of 34).

Goals for 2007

1. Increase the number of family satisfaction surveys returned to the agency by at least 50% over 2006 (goal of at least 60 surveys returned).
 2. Increase the number of referring worker surveys returned to the agency by at least 50% over 2006 (goal of at least 51 surveys returned).
 3. At least ninety percent (90%) of families will have additional support of a community resource in place as needed at case closure (two percent (2%) increase from FY 05-06).
 4. Increase the use of behavior specific language in workers reports to 90% by September 2007.
 5. Increase timeliness in adhering to the Families First of Michigan model characteristics to ninety percent (90%).
 6. Consistently ensure that client records remain safe and accessible to appropriate agency personnel one hundred percent (100%) of the time.
-

GIRLS IN TRANSITION

Community Based Treatment for Adolescent Girls

Program Highlights

GIRLS IN TRANSITION program is a gender specific, behavioral health program targeting adolescent girls. The program was developed by Lula Belle Stewart Center, in response to a growing concern regarding the social and mental health needs of adolescent girls. This gender specific model responds to help adolescent girls exhibiting signs of emotional distress and difficulties in their behavioral and social adjustment.

The Girls in Transition Program Aims:

1. To provide community based counseling services designed to mitigate risk factors and to prevent the need for:
 - Hospitalization due to serious emotional impairment or
 - Incarceration due to delinquent acting out or other anti-social functioning.
2. To strengthen the family and community's ability to provide positive support, adequate parenting, and to increase the parent's ability to respond appropriately to address the social and emotional health needs of adolescent girls.

Program 2006 Goals and Objectives

1. Provide clinical service to a minimum of 30 adolescent girls.
2. Continue focus on marketing and contractual agreements.
3. Explore eligibility for contractual agreements with insurance carriers for third party insurance reimbursement
4. Continue to serve as a field placement site for Master's level social work interns.
5. To provide counseling for girls referred internally from our Foster Care, Teen Parent and Mother and Infant programs.

Outcomes and Goal Attainment

In 2006 therapeutic intervention was provided for 10 adolescent girls and their families. The reason for the lower service number is due to social worker position instability. A master social work intern supervised by the Associate Director, provided services to 3 girls (two of whom were referred from the LBSC Mother and Infant House) or by a parent in the latter part of 2006. Funding was difficult to obtain from the client. The key to getting third party fee payments depends on the agency having a psychiatric consultant to address mental health needs such as medication and more specific diagnosis.

Girls in Transition program continue to use a home-based service delivery model. Counseling has also been provided for youth placed in-group home settings such as LBSC Mother and Infant House. Other referral sources have included the Wayne county juvenile Court- Intensive Probation Department and the community at large. The program continues to have partial funding through a grant from United way Community Services. The service is available through client fees and through purchase of service contractual arrangements.

Goals for 2007

1. Continue to explore feasibility of a psychiatric consultant.
2. Plan to hire a social worker to provide home based treatment to more adolescents in need.
3. Continue to serve as a field placement site for Master's level social work intern.

Delinquency Prevention/Youth Development Services Violence Reduction and Character Education

Program Highlights

Services are provided after school to elementary, middle and high school students ages 10-17 and also include gender specific groups. The Counselor conducts gender specific groups to promote violence reduction and increase conflict resolution skills. These groups focus on developing character, reduction of violence, teaching conflict resolution, and assisting young males to learn appropriate behaviors to avoid the juvenile justice system and enhance their social emotional development. Groups took place in the Detroit Public Schools. Two curriculums are used: Manners Matter for character education and Second Step is a violence prevention curriculum.

Program 2006 Goals and Objectives

1. 80% of program participant will increase their knowledge and skills in positive conflict resolution.
2. 100% of program participants will receive information about risky behaviors and consequences of these high-risk behaviors.
3. 75% of program participants will exhibit an increase in self-esteem and positive character development.
4. 75% of youth participants will attend all group sessions.

Outcomes and Goal Attainment

1. All students were exposed to positive conflict resolution.
2. Children demonstrated adequate knowledge of risky behaviors as evidenced in comparison of student posttest results.
3. 85% of the students completed the eight-week course and the truncated 4-week course in December. The threshold was 75% so the program increased participation by 10% over last year. Prevention groups in the Detroit Public Schools via collaboration with Youth Sports and Recreation Commission provided an opportunity to reach over 53 students.
4. PASS Prevention groups were provided in an eight-week interactive module. Single workshops at Mt. Hebron Church were provided to 17 children for a total of 70 children during the 4 months of the PASS Prevention grant and 3 months of Youth Sports and Recreation after school classes.

Goals for 2007

1. Increase knowledge of precursors of substance abuse, antisocial behavior for at "risk" children and adolescents in the community.
2. Reduction in "at risk" behavior such as truancy, school absences, conflictual peer relationships, failing in school, and behavior problems at home.
3. 80% of children will attend all sessions to complete the eight-week course.

Early Childhood Development Services Day Care Center

Program Highlights

Lula Belle Stewart Center, Inc. (LBSC) provides a developmentally appropriate program of childcare for children, ages 6 weeks to 5 and half years of age.

Recognizing the unique differences in each child, the center, through its staff of qualified childcare professionals, provides a plan of care that is individualized to the needs of each child. Services provided through our childcare center are based on the following beliefs and principles.

Full acceptance of each child's unique differences and innate biological characteristics.

The child's interests, motivational level, and the child's developmental stage should determine the child's readiness to incorporate new learning experiences.

We believe that services should be provided that support parent participation and involvement in planning on behalf of their child. We provide a model of family day care, with scheduling that allows time for sibling and family interaction while insuring age appropriate programming of each child.

Program 2006 Goals and Objectives

1. Ensure that the Ages and Stages Assessment Tool is administered to every child enrolled in the LBSC Child Care Center no less than 30 days after the child is enrolled in the center.
2. Have up-to-date immunizations for 95% of all children enrolled in the LBSC Child Care Program.
3. Maintain an average daily enrollment and attendance of 25 children.
4. Provide a social worker to work with families of special needs children and children exhibiting behavioral and social adjustment concerns.
5. Establish linkages with expulsion prevention resources around helping the agency provide the intense supervision and higher adult: Child ratios needed to maintain special needs children in the LBSC Child Care
6. Ensure that children in our infant, toddler and pre-school rooms are read to or have opportunities for reading and story time activities for a minimum of 30 minutes per day.
7. To have 80% of parents indicate satisfaction with the Child Care Services. Provided as evidenced by responses on the parent satisfaction surveys.

Outcomes and Goal Attainment

The Ages and Stages Assessment Tool was administered to every child that attended 30 or more days.

95% of children enrolled in the LBSC Child Care Program had up-to-date immunizations.

We maintained an average daily enrollment and attendance of 25 children from January 2006 – June 2006.

A Social Worker from the Children's Center was provided to work with families of special needs children and children exhibiting behavioral and social adjustments concerns.

Prevention resources were used to help the agency provide the intense supervision and higher adult: child ratios needed to maintain special needs children in the LBSC Child Care Center.

The children in our Infant, Toddler, and Pre-School rooms were read to for a minimum of 30 minutes per day.

80% of parents indicated satisfaction with the Child Care Services provided by responses on parent satisfaction surveys.

Goals for 2007

1. Ensure that the Ages and Stages Assessment Tool is administered to every child enrolled in the LBSC Center no less than 30 days after the child is enrolled in the Center.
2. Have up-to-date immunizations for 95% of all children enrolled in the LBSC Child Care Program.
3. Maintain an average daily enrollment and attendance of 20 children.
4. Ensure that children in our toddlers and pre-school rooms use the computers daily.
5. Ensure that children in our infant, toddler and pre-school rooms are read to or have opportunities for reading and story time activities for a minimum of 30 minutes per day.
6. To have 90% of parents indicate satisfaction with the Child Care Services provided as evidenced by responses on the parent satisfaction surveys.

Additional Program Highlights

The LBSC Child Care Center continued to provide high quality care for Infants, Toddlers and Pre-School children enrolled in the LBSC Day Care Center.

On Dec. 2006 there was an Open House. There were 45 people in attendance. We recruited 3 students and it was a success.

On December 8th we had a Wonderful Christmas play and dinner. The children invited their parents, grandparents, uncles, and aunts. The children memorized their parts and the guest stated they enjoyed it.

Attachments

LULA BELLE STEWART CENTER, INC.
Annual Statistical Reporting Form 2006
Attachment A

	Teen Parent Outreach	MAI House 2	Total
Number Served	597	69	666
Mother	299	34	333
Father	30	0	30
Children	268	35	303
Ages 0 - 12 mos.	50	12	62
Ages 13 mos. - 3yrs.	22	23	45
37 mos. - 5 yrs.	2	0	2
6 & above	0	0	0
Unknown	0	0	0
Age of Client			
Under 15	16	0	16
15-17	135	26	161
18-20	168	8	176
21 & Over	0	0	0
Unknown	0	0	0
Living Arrangement at time of Referral			
Own Parents	195	2	197
Relative	54	31	85
Homeless	3	1	4
Independent Living	47	0	47
Unknown	0	0	0
Ethnicity of Client			
African American	285	33	318
Hispanic	0	0	0
Caucasian	14	1	15
Other	0	0	0
Unknown	0	0	0
Home Residence			
Detroit	296	34	330
Wayne County Not Detroit	2	0	2
Other	1	0	1
Unknown	0	0	0
Referral Source			
Agency Initiated	44	12	56
Public Relations Source	16	2	18
Relatives or former client	88	5	93
School or other educational institution	47	5	52
Public Agency	37	0	37
Private or Volunteer Agency	14	0	14
Mental Health Practitioner	0	2	2
FIA	39	2	41
Other	14	6	20
Missing Information	20	0	20

	Teen Parent Outreach	MAI House 2	Total
Education Completed			
8 or less yrs	4	3	7
9 - 11 yrs	252	25	277
12 years	45	6	51
In College	8	0	8
Other	0	0	0
Job Training Status			
Completed Job Training	61	0	61
In Job Training Program	52	3	55
Some JT/dropped out	54	0	54
No History of JT	132	31	163
Unknown	0	0	0
Source of economic support			
Parents or Relatives (indep. of Pub.Asst.)	79	0	79
Employment	49	32	81
Public Assistance	154	2	156
Social Security	14	0	14
Unemployed	0	0	0
Self Supporting	0	0	0
Other	3	0	2
Marital Status			
Single	295	34	329
Married	2	0	2
Other	2	0	2
Unknown	0	0	0
Prenatal Care or Medical Supervision			
Began bet. 1st - 3rd Month	45	9	54
Began bet. 4th - 6th Month	37	4	41
Began bet. 7th - 9th Month	7	5	12
No Prenatal Care Received	0	0	0
Unknown	0	0	0
Resolution of Pregnancy			
Live Birth	89	7	96
Stillborn	0	0	0
Abortion	0	0	0
Still Pregnant	18	2	20
Miscarriage	0	0	0
Unknown	0	0	0
Pregnancy Information			
Pregnant during the year	99	9	108
Number of prior pregnancies	0	0	0
Unknown	0	0	0

Attachment A - Page 3

	Teen Parent Outreach	MAI House 2	Total
Condition of Baby at Birth			
Full Term Normal	131	7	138
Premature	4	0	4
Congenital Defect	2	0	2
Died After Birth	0	0	0
Unknown	0	0	0
Births			
Total Births this year	136	7	143
Single	136	7	143
Multiple	0	0	0
Unknown	0	0	0

	Teen Parent Outreach	MAI House 2	Total
Services Provided			
Case Management	329	34	363
Counseling	329	34	363
Parenting Classes	230	34	264
Employment Trng.	178	0	178
Male Outreach	115	0	115
Pre-Natal Class	239	0	239
Activities/Recreation	66	30	96
Literacy/Ed. Prog.	Referrals	34	34
MSS/ISS	Referrals	0	0
Housing Assistance	99	7	106
Referrals to Other Agency	115	2	117
Transportation	148	34	182
Group Therapy	90	34	124
Other (School)	82	0	82
Unknown	0	0	0
Arrangements for Baby After Delivery			
Adoption Plan	0	0	0
Kept by Mother	136	8	144
Kept by Relative	0	0	0
Foster Care	0	0	0
Unknown	0	0	0
Foster Care w/ Teen mom	0	0	0
Other	0	0	0
Closed Cases	117	21	138

LULA BELLE STEWART CENTER, INC.
Outcome 2006 Data for Closed Cases
January 2006- December 2006
Attachement B

	TEEN PARENT OUTREACH	MAI HOUSE 2
	N-117	N-21
Education	80%	80%
Job Training	75%	20%
Employment	54%	40%
Medical Care for Self	81%	100%
Medical Care for Child	90%	100%
Housing	74%	100%
Relate with Parents	71%	80%
Relate with Peers	73%	100%
Parent Skills	85%	100%
Day Care Available	78%	100%
Finances	61%	100%
Self-Sufficient	85%	100%
Self-Image	85%	100%

LULA BELLE STEWART CENTER, INC.
Parenting Skills Class Survey 2006
Attachment C

	Surveys
Number Reviewed	43

Overall Satisfaction with Parenting Class	<i>Number</i>	<i>Percent</i>
Completely Satisfied	40	93%
Mostly Satisfied	3	7%
Mostly Dissatisfied	0	0%
Completely Dissatisfied	0	0%
Total	43	100%

Satisfaction with Various Areas	Completely Satisfied	Percent	Mostly Satisfied	Percent	Mostly Dissatisfied	Percent	Completely Dissatisfied	Percent	Total
Instructor's Politeness	41	94%	2	6%	0	0%	0	0%	43
Instructor's Knowledge	41	94%	2	6%	0	0%	0	0%	43
Topics Presented in Class	40	93%	3	7%	0	0%	0	0%	43
Handouts/ Materials	40	93%	3	7%	0	0%	0	0%	43
Facility Attended	41	94%	1	3%	1	3%	0	0%	43
Total	203		4		1		0		

Interest In Program	Yes	Percent	No	Percent	Not Applicable	Percent	Number of Children
Refer A Friend	43	100%	0	0%	0	0%	
Currently Pregnant*	28	65%	1	2.0%	1	2.0%	
Children	18	42%	0	0%	0	0%	1

Total Surveys **43**

Total Number of Clients Served *76*

** Numbers are rounded to nearest tenth to avoid exceeding 100%*

**Lula Belle Stewart Center, Inc.
Proud Fathers Proud Parents
Attachment D**

Participation Satisfaction Survey

Number Reviewed: 16

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. My Parenting Skills have improved since the start of this program:					10	
2. The program curriculum was easy to understand				7	8	
3. The program was very helpful to me:				6	9	
4. The program facilitators were knowledgeable				6	9	
5. The program facilitators were excellent teachers:		2		2	10	
6. The program facilitators encouraged me to ask questions:				7	9	
7. The program has helped me solve real problems:				4	11	
8. My confidence in parenting has increased since the start of the program:		1	1	3	8	
9. The program facilitators made me feel support during the program:		1		4	8	
10. I feel better able to understand my child since the start of this program:		1		4	10	
11. The employment services workshop was very helpful to me.	1			1	10	1
12. The employment workshop provided me with new resources or information:				3	10	
13. I used the program's transportation services:		1		4	10	
14. The transportation services helped me participate in the program:		1		3	10	
15. I placed my children in childcare services:	2	1			7	2
16. The childcare services were very helpful to me:	2	1		2	7	
17. The childcare staff did a good job of caring for my children during the program:	1	1		1	7	4
18. The childcare staff provided activities for my children:	1	1		2	6	4
19. Meals were offered during the program:	2		1	1	11	
20. I enjoyed the meals:			1	4	9	
21. The meals were well balanced:			1	4	9	
22. The program facilitators asked me if I had any special needs.		1		5	7	
23. The program facilitators found ways for me to participate throughout the program:			1	5	7	
24. I would recommend this program to someone else:			1	1	11	

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
25. I felt welcome at the program site throughout my participation:				2	12	
26. Staff at the program site was generally friendly and helpful to me.				3	11	
27. I felt respected while participating in the program:					12	1
28. My ability to listen to my child(ren) has improved:				3	8	2
29. My ability to understand and to take care of myself has improved:			1	2	10	
30. I feel proud of my accomplishments in this program.				4	11	

Michigan Teen Parent Services Coalition
Teen Parent Counseling Line Item – Dept. of Human Services under Child and Family Services

Need for STATE SUPPORT for Teen Parent Service: Teen Parent Counseling line item provides structured, documented, and evaluated service to 74% of Michigan's teen age parent population by targeting 20 counties

- Teen parents are at high risk of academic failure, living in poverty, & public assistance dependency.

Kids Count in Michigan Data Book 2005: "Teens who become parents are less likely to complete their high school education than other teens. Only one-third of teen mothers in the U.S. graduate from high school."

- Children of teen parents are at high risk of:
 - low birth weight
 - child abuse and neglect
 - academic failure,
 - living in poverty
 - sons are at high risk of juvenile offending and later adult incarceration.

The Children of Teen Parents (April, 2005): "The children born to the youngest teen mothers are at greater risk of being an "indicated case" of child abuse or neglect (and being placed in foster care) than those born to older mothers."

Playing Catch-Up: How Children Born to Teen Mothers Fare (January, 2005) indicates: "Without controlling for background characteristics, children born to teen mothers begin kindergarten with lower levels of school readiness"

Cost Effectiveness of Service:

- The Teen Parent Counseling line item is funded at \$3.8 million. The January 2007 statewide evaluation results show that of the 1,092 program participants served statewide last year, **1,063 (97.3%) did not have a substantiated Protective Services case.** *In Michigan, each child in foster care costs the state an average of \$18,500 a year. The cost of placing those 1,063 children in the foster care system for one year would have been \$19,665,500.*

5 years of Teen Parent Program preventive services could be purchased for the cost of 1 year of foster care placement for the 1,063 children served each year!

- The Michigan Children Trust Funds estimates that every \$1 spent on child abuse prevention saves \$34 in other associated crisis related costs.
- Delaying the onset of a subsequent pregnancy
 - The subsequent pregnancy outcome statewide for teen parents (15-20 year old) is: **13.8%** for teens involved in Teen Parent programming vs. **25.1%** for the state average.
 - The January 2007 statewide Teen Parent DHS evaluation results show that 86.9% of the teen parents did not have a subsequent pregnancy.

What Works – Research Supports Strong Relationships through Home-Based, long term Service Delivery and well trained staff:

- Teen Parent program places a heavy emphasis on developing a strong relationship with the families that we serve.
- The Benefits and Financing of Home Visiting Programs (June, 2002) reports: "Home visiting is a long-standing, well-known prevention strategy used by states and communities to improve the health and well-being of women, children, and families, particularly those who are at risk."
- Teen Parent programs can work with pregnant teens (many parenting programs do not begin providing services until the child is born) and can work with the family until the teen reaches 21 years of age.

Evaluation:

- Teen Parent Programs have **12 years** of extensive evaluation showing the impact. Evaluation is conducted by the Department of Human Services' Office of Performance Excellence. On-going monitoring began October 1, 1994.

Contact: Mary Ellen Johnson, Saginaw County Youth Protection Council: (989) 792-6789

Michigan Teen Parent Services Coalition

Teen Parent Counseling line item – Department of Human Services under Child & Family Services

23 programs across 20 counties are providing home-based services for approximately 2,500 high risk pregnant and parenting teen families each year since 1993. Counties were chosen based on high rates of teen pregnancy, infant mortality and high poverty rates of children aged 0-5:

♦Berrien	♦Calhoun	♦Chippewa	♦Clare	♦Genesee	♦Ingham	♦Jackson
♦Kalamazoo	♦Kent	♦Lake	♦Macomb	♦Montcalm	♦Muskegon	♦Newaygo
♦Oakland	♦Ogemaw	♦Ottawa	♦VanBuren	♦Saginaw	♦Wayne (4 Programs)	

- Counties with contracts capture 74% of Michigan's teenage parent population.
- Programs serve HIGH RISK ADOLESCENTS not served through other programs/funding sources.

HOW TEEN PARENT OUTCOMES FIT THE STATE OF MICHIGAN'S GOALS

Michigan DHS Performance Excellence Administration October 2005 – April 2006 Evaluation Report:

- **Decrease Child Abuse and Neglect. 97.3% of teen parents did not have a preponderance of evidence finding of child abuse or neglect for one year from date of program entry**
 - *Each child in foster care costs the state an average of \$18,500 per year. Children of teen parents are well documented to be at very high risk of abuse and neglect.*
- **Increase the number of mothers who participate in prenatal care. 99.2% of teen mothers who were pregnant at time of program entry participated in prenatal care.**
- **Decrease the number of premature births. 89.6% of the teen parents who were pregnant at the time of program entry delivered full-term infants.**
- **Reduce subsequent pregnancies to teen parents. 86.9% of teen parents who were not pregnant at the time of program entry did not become pregnant within 12 months.**
 - *Subsequent pregnancy rates of teens involved in programming are significantly lower than teen parents ages 15 – 20 statewide: 13.8% for those involved in programming, versus 25.1% statewide.*
 - *Average annual cost associated with a child born to a mother 17 and young is \$4,951.*
- **Increase immunization rate for children. 91.9 % of teens' infants received immunizations after entry into the Teen Parent Program.**
- **Increase the retention rate for high school completion. 71.8% of teen parents were enrolled in education activities within 4 months of program entry.** An additional 3.0% became involved beyond the fourth month.
- **Increase employment. 74.3% of teen parents were involved in education, training or employment activities within 4 months of program entry.** An additional 5.6% became involved beyond the fourth month.
 - *Services align with the welfare reform Public Act 468.*
- **Increase parenting skills of high risk families. 95.3% of teen parents received research based child development, prenatal, and parenting curriculum through home visits and support groups.**
 - *Programs provide high quality early intervention services that help children succeed.*
- **Indicate program satisfaction. 99.6% of teen parents who participate in teen parent programs are satisfied with program services.**

Contact: Jan Kimble, ICHD - Willow Plaza Services, Ingham County, (517) 702-3510
Mary Ellen Johnson, Saginaw County Youth Protection Council, (989) 792-6789

Michigan Teen Parent Services Coalition

Teen Parent Counseling line item – Department of Human Services under Child & Family Services

23 programs across 20 counties are providing home-based services for approximately 2,500 high risk pregnant and parenting teen families each year since 1993. Counties were chosen based on high rates of teen pregnancy, infant mortality and high poverty rates of children aged 0-5:

♦Berrien	♦Calhoun	♦Chippewa	♦Clare	♦Genesee	♦Ingham	♦Jackson
♦Kalamazoo	♦Kent	♦Lake	♦Macomb	♦Montcalm	♦Muskegon	♦Newaygo
♦Oakland	♦Ogemaw	♦Ottawa	♦VanBuren	♦Saginaw	♦Wayne (4 Programs)	

- Counties with contracts capture 74% of Michigan's teenage parent population.
- Programs serve HIGH RISK ADOLESCENTS not served through other programs/funding sources.

HOW TEEN PARENT OUTCOMES FIT THE STATE OF MICHIGAN'S GOALS

Michigan DHS Performance Excellence Administration October 2005 – April 2006 Evaluation Report:

- **Decrease Child Abuse and Neglect. 97.3% of teen parents did not have a preponderance of evidence finding of child abuse or neglect for one year from date of program entry**
 - *Each child in foster care costs the state an average of \$18,500 per year. Children of teen parents are well documented to be at very high risk of abuse and neglect.*
- **Increase the number of mothers who participate in prenatal care. 99.2% of teen mothers who were pregnant at time of program entry participated in prenatal care.**
- **Decrease the number of premature births. 89.6% of the teen parents who were pregnant at the time of program entry delivered full-term infants.**
- **Reduce subsequent pregnancies to teen parents. 86.9% of teen parents who were not pregnant at the time of program entry did not become pregnant within 12 months.**
 - *Subsequent pregnancy rates of teens involved in programming are significantly lower than teen parents ages 15 – 20 statewide: 13.8% for those involved in programming, versus 25.1% statewide.*
 - *Average annual cost associated with a child born to a mother 17 and young is \$4,951.*
- **Increase immunization rate for children. 91.9 % of teens' infants received immunizations after entry into the Teen Parent Program.**
- **Increase the retention rate for high school completion. 71.8% of teen parents were enrolled in education activities within 4 months of program entry.** An additional 3.0% became involved beyond the fourth month.
- **Increase employment. 74.3% of teen parents were involved in education, training or employment activities within 4 months of program entry.** An additional 5.6% became involved beyond the fourth month.
 - *Services align with the welfare reform Public Act 468.*
- **Increase parenting skills of high risk families. 95.3% of teen parents received research based child development, prenatal, and parenting curriculum through home visits and support groups.**
 - *Programs provide high quality early intervention services that help children succeed.*
- **Indicate program satisfaction. 99.6% of teen parents who participate in teen parent programs are satisfied with program services.**

Contact: Jan Kimble, ICHD - Willow Plaza Services, Ingham County, (517) 702-3510
Mary Ellen Johnson, Saginaw County Youth Protection Council, (989) 792-6789

Michigan Teen Parent Services Coalition 2007 Membership

Berrien County	Catholic Family Services	(269) 925-1234
Calhoun County	Family and Children Services	(269) 965-3247
Chippewa County	Teaching Family Homes	(906) 869-0498
Clare County	Lutheran Child & Family Service of Michigan	(989) 686-7650
Genesee County	Catholic Charities	(810) 232-9950 x142
Ingham County	Ingham County Health Department	(517) 702-3515
Jackson County	Florence Crittenton Services	(517) 788-4430 x252
Kalamazoo County	Catholic Family Services – Caring Network	(269) 381-1234
Kent County	Salvation Army Booth Family Services	(616) 459-9468 x278
Lake County	Bethany Christian Services	(231) 924-3390
Macomb County	Lutheran Child & Family Services of MI	(248) 483-3261
Montcalm County	Catholic Social Services	(989) 831-8306
Muskegon County	Catholic Social Services	231) 726-1236
Newaygo County	District Health Department #10	(231) 355-7553
Oakland County	Lutheran Child & Family Service of MI	(248) 483-3261
Ogemaw County	AuSable Valley Community Mental Health	(989) 345-5571
Ottawa County	Catholic Social Services	(231) 726-1236
Saginaw County	Saginaw County Youth Protection Council	(989) 792-6789
Van Buren County	Catholic Family Services – Caring Network	(269) 935-1234
Wayne County	Lula Belle Stewart Center, Inc.	(313) 861-7761
Wayne County	Lutheran Child & Family Services of MI	(248) 483-3261
Wayne County	Federation of Youth Services	(313) 571-4707
Wayne County	Alternatives for Girls	(313) 361-4000 x263

Michigan Teen Parent Services Coalition

MISSION STATEMENT

The mission of the Michigan Teen Parent Services Coalition is to empower pregnant and parenting teen families to reach their maximum potential as self-sufficient individuals through continuing education, direct services, referrals and advocacy.

Funded by
State of Michigan Department of Human Services

History - In 1993, the State of Michigan initiated funding for services delivery for teen parents through the Department of Human Service.

- 23 Teen Parent Programs are funded in 20 counties, to provide home-based services for high risk pregnant and parenting teen families.
- Counties were chosen based on rates of teen pregnancy, infant mortality and DHS dependence.
- The Teen Parent Services Coalition is represented by each program, whose purpose is to meet regularly to share resources and to discuss issues related to teen parenting.

Program Elements

- Home Visits
- Case Management - Incentives
- Prenatal, Parenting and Child Development curriculum and information about Life Options such as marriage and adoption.
- Crisis Intervention – Emergency Services
- Referrals to Community Resources
- Group Support through parenting classes
- Transportation

Eligibility

- TANF Eligible pregnant or parenting teenage mothers or fathers under the age of 21 who receive or are eligible to receive cash assistance, Medicaid and/or food stamps.

Length of Service

- Teens are eligible for up to 42 months of services based on their goal achievement.
- Teens average 12 months of program participation.

Program Goals - Data is collected by the State of Michigan, Performance Excellence Administration, to determine client achievement of the following:

- Education Completion - High School or GED
- Employment or Job Training
- Routine Health Care and Family Planning for Teens
- Prenatal Care & Full Term Delivery of Healthy Infants
- Routine Well Baby Care & Immunizations for Children
- Child Development and Parenting Education
- Child Abuse & Neglect Prevention
- Satisfaction Surveys and Post-Program Follow-up